



# THE UNIVERSITY *of* EDINBURGH

## Edinburgh Research Explorer

### Are we oppressed?

**Citation for published version:**

De Andrade, M 2016, 'Are we oppressed? Using Theatre of the Oppressed to explore black minority ethnic groups' perceptions of health and services' Paper presented at 13th World Congress of the International Association of Bioethics, Edinburgh, United Kingdom, 14/06/16 - 17/06/16, .

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Peer reviewed version

**General rights**

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact [openaccess@ed.ac.uk](mailto:openaccess@ed.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.



# Are We Oppressed? Using Theatre of the Oppressed to Explore Black Minority Ethnic Groups' Perceptions of Health and Services

Marisa de Andrade

13th World Congress of the International Association of Bioethics  
Edinburgh  
June 2016



THE UNIVERSITY *of* EDINBURGH



# Objectives

1. gather specific groups' perceptions of pre-identified & emerging health related issues such as use of tobacco, alcohol, shisha, smoking cessation, acceptability of services, food, social media, trust....

**Action:** The Ministerial Task Force on Health Inequalities will reconvene in 2012-13 to review and refresh the Scottish Government's strategy for addressing the root causes of health inequalities.

**Lead:** *Scottish Government*

## **Asset-based Approaches**

It is clear that the ability and willingness of people to adopt the sorts of healthy behaviours that will lead to increased life expectancy – such as a tobacco-free lifestyle – depend significantly on their wider life circumstances. In order to respond to this challenge, the Chief Medical Officer for Scotland, supported by the Scottish Government and COSLA, advocates an asset-based approach to health improvement. Assets can be described as the collective resources which individuals and

3. deliver findings/conclusions in a policy-oriented report specifically related to asset-based approaches.

the theory

asset-based

empowerment  
asset  
together  
assets  
engage  
enable  
approaches  
engage  
co-produce  
community  
empower  
communities  
co-production

# What is in community members' 'public interest'?

How are these actor's values  
and the 'realities of their lives'  
being linked to organisational outcomes?

What can these person-centric and  
community-centric health initiatives give  
us insights into the nature of  
'public interests', public values' and  
humanity?

Are these actors oppressed?

# methods & means of data collection

- 2 focus groups (n=13; n=7) with Polish men/women (18-45); 1 focus group (n=7) with Pakistani men (18-34)
- a 'spontaneous focus group' with a Slovakian Roma group of friends and family members (n=7)
- interviews with representatives from community organisations\* (n=35)
- 78 community members in total over 6 months
- access to Slovakian Roma & Romanian Roma through community organisations & social workers

# Perspectives of health

*'... most of the [Scottish] GPs when you have got any health problems... they say, "Oh, try Paracetamol for the next forty eight hours, it doesn't help just call me back"...' (Polish CM)*

serious dislike of doctors and the NHS

*'Slovakians will go to the GP, but go back home to for operations. Anecdotaly, they [Slovakians] go back for a procedure. There's semi-privatised healthcare there and many prescriptions are given. They prefer to be given a pill...' (Slovakian Roma CM)*

*'It if was harem I would stop... [others agree]... just because the NHS would say it to me I would never stop... if it was harem I would stop that is the only reason...' (Pakistani CM)*

# Perspectives of health

## Settling and integrating at different rates

- difficult to manage emotions and politicisation of inequalities
- some community members feel provoked that certain services are not in their best interest
- some recognise the link between unemployment and health

## Barriers

- language, anger, poor housing
- lack of confidence, isolation
- depression, financial probs
- informed consent? recording?

move away from a  
siloed approach

## Stigma – who are you?

- treated and labelled the same despite being different
- specifically Slovakian Roma and Romanian Roma



**“POLONIUS**

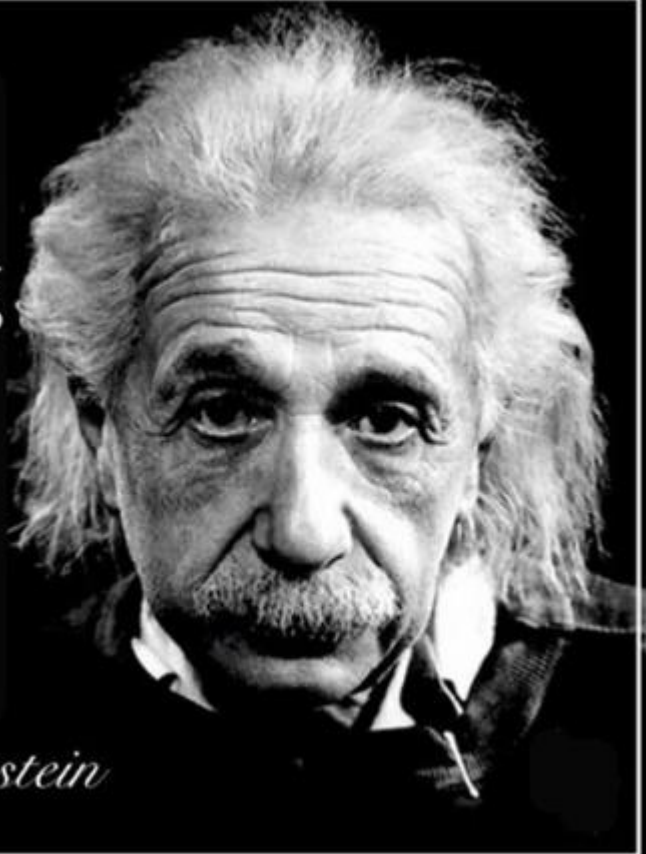
*(aside)* Though this be madness, yet there is method in 't.—*(to HAMLET)* Will you walk out of the air, my lord?

**POLONIUS**

*(to himself)* There's a method to his madness. *(to HAMLET)* Will you step outside, my lord?"<sup>1</sup>

Insanity:  
doing the same thing  
over and over again  
and expecting  
different results.

*- Albert Einstein*



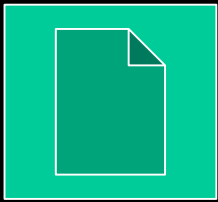
Innovative KE project transformed spectators –  
NHS practitioners, policy makers, community  
members and third sector organisations –  
by enabling them to step into, and change, the  
theatrical action presented by performers (BME and  
disadvantaged community members)

“Come on In!”

Theatre of the Oppressed techniques to breathe life  
into emotional and politicised findings gathered  
through the ethnographies and interviews

The **masks** we  
wear and **stories**  
we tell  
in [health]  
organisations:  
exploring how  
creativity can  
provide **purpose**  
and reduce  
**'othering'**



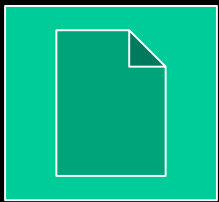


## The analysis

Problems vs  
Solutions



<http://www.ed.ac.uk/health/issr/research/come-on-in/project-highlights>




# The analysis

Real vs Ideal



<http://www.ed.ac.uk/health/issr/research/come-on-in/project-highlights>



**We dropped our masks as  
“spect-actors” and in ensuing  
discussions, the community  
member who played the fifth  
“community actor” explained  
why the re-enacted alternative  
felt like progress even though he  
didn’t have a NI:**

**‘Perfect won’t exist anywhere  
but better can exist’.**





the reality



complex realities  
extending beyond  
health  
where do we start?

- Connecting with 'others' as equals, as human beings
- Unmasking
- Exposing fears and vulnerabilities
- Changing stories in organisational settings

Feedback *Come On In!*  
—'some of the issues faced by those [BME] communities are similar to those faced by other members of the population, although their experiences are aggravated by language and cultural barriers making the accessibility and trust even harder'.



*'often the problems of society are  
pronounced in terms of a*

*global or national problem.*

*But there are not national problems,  
just individual problems.*

*It's always*

*individuals disagreeing*

*or*

*individuals fighting.*

*That can be a national problem if  
the whole national psyche*

*is geared towards that. But the  
solutions*

*are always*

*individual. They are about*

*you and I*

*working together*

*with each other.'*

*(Viradhammo Bhikkhu, 2005, p. 49).*

# Thank You

Marisa de Andrade  
[marisa.deandrade@ed.ac.uk](mailto:marisa.deandrade@ed.ac.uk)